





**Box ISSUE FEE Assistant Commissioner for Paterits** Washington, D.C. 20231

ote:	The certificate	of mailing belo	w can only be	used for domest	ic
ailin	gs of the Issue	Fee Transmitta	J. This certifica	te cannot be use	d
				paper, such as a	
:cinı	oment or forma	tdrawing must l	have its own co	rtificate of mailin	^

ING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 rough 4 should be completed where appropriate. All further correspondence including the Issue Fee sceipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current prrespondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) ecifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for aintenance fee notifications.

URRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

## **Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with

	ORRIN M H	the Urited States Postal Service with sufficient postage for first class mall in an envelope addressed to the Box Issue Fee address above on the date indicated below.								
HAUGEN LAW FIRM PLLP 121 SOUTH EIGHTH STREET SUITE 1130 MINNEAPOLIS MN 55402						Denise L. Siede (Depositor's name)				
						Christopal (Signature)				
					Au	gust 9, 20	001		(Date)	
APPLICATION	ON NO.	FILING DATE	TOTAL CLAIMS	3	EXAM	INER AND GROU	P ART UNIT		DATE MAILED	
	09/540,85	3 03/31/00	011	MUR	ОМОТО	JR, R	:	3765	05/29/01	
First Named Applicant	LOWE,		35	5 USC 1	54 (b)	term ex	t. =	0 Day	<b>'</b> S.	
TILE OF WE	OVEN FABR	ic								
ATTY'S DOC	KET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYP	S	MALL ENTITY	FEE DUE		DATE DUE	
2	2000-046	2.OR 139-3	83.00A	<b>G89</b> (	JTILI	TY NO	\$124	0.00	08/29/01	
Change of correspondence address (or Change of Correspondence Address form PTO/S8/122) attached.  the name of member a and the name of the					r agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) es of up to 2 registered patent r agents. If no name is listed, no e printed.  3					
PLEASE NOTE: Inclusion of assignment	Unless an assignee gnee data is only app ing submitted under ant.	MALE OF ADDIC	gnee data will appear nt has been previous n of this form is NOT ENEE:	r on the patent. sly submitted to	of Pa	totiowing fees are stents and Tradem sue Fee dvance Order - # 0	arks):	eck payabl	e to Commissioner	
		J&J Cash Li	mited		4b. The following fees or deficiency in these fees should be charged to:					
	: (CITY & STATE OF		Inited King	Ainom	DEPOSIT ACCOUNT NUMBER 50-0789 (ENCLOSE AN EXTRA COPY OF THIS FORM)					
Please check the appropriate assignee category indicated below (will not be primer on the patient)  individual   corporation or other private group entity  government						Issue Fee Advance Order - # of Copies 1				
		ID TRADEMARKS IS requi			pplication is	dentified above.		¥ =		
(Authorized Signate	- 12	Laure		/09/2001				39 1240.0		
		ed from anyone other than n interest as shown by the						0 5007		
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231								8	5 8 4	
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						1005 - 1150 1005 -				

TRANSMIT THIS FORM WITH FEE

PTOL-85B (REV.10-96) Approved for use through 06/30/99. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE